10/092,906

Application or Docket Number

SUND 289

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

| | | CLAIMS AS | (Column 1) | | (Column 2) | | | SMALL ENTITY TYPE | | OR | OTHER SMALL | | |
|---|---|---|--------------|--------------|------------------------------|------------------|-------------|--------------------|------------------------|--------|---------------------|------------------------|--|
| TOTAL CLAIMS | | | 36 | | | | Γ | RATE | FEE | | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | В | ASIC FEE | 370.00 | OR | BASIC FEE | 740.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 36 minus 20= | | * 1/2 | | | X\$ 9= | | OR | X\$18= | 288 | |
| INDEPENDENT CLAIMS | | | 3 mi | nus 3 = | · ¢ | | | X42= | | OR | X84= | | |
| MU | LTIPLE DEPEN | DENT CLAIM PI | RESENT | | | | | +140= | | OR | +280= | | |
| * If | the difference | in column 1 is | less than ze | ro, ente | r "0" in c | olumn 2 | | TOTAL | | OR | TOTAL | 1028 | |
| 1/13/06 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL E | NTITY | OR | OTHER SMALL | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | . 36 | Minus | ** 3 | 6 | = / | | X\$ 9= | | OR | X\$18= | | |
| | Independent | . 3 | Minus | *** | <u> </u> | = / | $\ \cdot\ $ | X42= | | OR | , X84= | | |
| Ľ | FIRST PRESE | NTATION OF M | ULTIPLE DEI | PENUEN | CLAIM | / | ' [| +140=. | | OR | +280= | | |
| | | | | | | | L | TOTAL DDIT, FEE | | OR | TOTAL ADDIT, FEE | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | DD11.1 CC 1 | | • ; | 7 | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PRÉVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | V | RATE | ADDI- TIONAL FEE | |
| | Total | • | Minus | ** | | = | | X\$ 9=. | | OR | X\$18= | | |
| | Independent | * | Minus | *** | T () A (A A | - | Į [| X42= | | OR | X84= | | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | 1 | +140= | | OR | +280= | | |
| BEST AVAILABLE COPY | | | | | | | Al | TOTAL DDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| | | (Column 1) | | | mn 2) | (Column 3) | | | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST MBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | • | Minus | ** | | = | IJſ | X\$ 9= | | OR | X\$18= | | |
| | Independent | * | Minus | *** | | - | 11 | X42= | | OR | X84= | ſ | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +140= | | OR | +280= | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | OR | TOTAL | | |
| - | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |